

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/591011</div>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	3	↓		↓		↓	
TOTAL DEP.	17	←		←		←	
TOTAL CLAIMS	20						

PTO - 1360 (REV. 11/04)

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